



DEPARTMENT OF THE NAVY

NAVAL LEGAL SERVICE OFFICE NORTH CENTRAL DETACHMENT GROTON

Box 10, NAVAL SUBMARINE BASE NEW LONDON

GROTON, CT 06349-5010

IN REPLY REFER TO

5890

01 Oct 05

From: Commanding Officer, Naval Legal Service Office North Central

Subj: CHANGES IN CLAIMS PROCESSING

1. Beginning 1 October 2005, NLSO North Central will no longer adjudicate claims for loss of or damage to personal property. All claims for household goods or POV shipments delivered to the following locations, and claims for losses that occur in the following locations, are now processed by the new Personnel Claims Unit (PCU), Norfolk, Virginia:

The District of Columbia, the States of Connecticut, Delaware, Illinois, Indiana, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Jersey, New York, New Hampshire, North/South Dakota, Ohio, Pennsylvania, Rhode Island, Virginia, Vermont, Wisconsin, and the city of Sugar Grove, West Virginia, and Canada.

2. Personnel should forward claims to:


Personnel Claims Unit Norfolk
Naval Legal Service Office, Mid-Atlantic
9620 Maryland Ave., Ste 100
Norfolk, VA 23511-2989

You can fax your claim to 1-866-782-7297. If you have questions, you can contact the PCU Claims Help Line at 1-888-897-8217. The PCU Claims Help Line is available to take your calls from 7:30 am to 7:00 pm, Eastern Standard Time, Monday through Friday, except for Federal holidays. Please be sure to have any claims information with you and available when you call as that will assist them in helping you.

3. There will be no delay at the PCU in processing your claim if you have provided the information requested and filled in the appropriate forms. The PCU examiners may have a question about your claim. Be sure to keep the PCU informed of any change of your phone number, address or email address.

4. Emergency advance payments can be made when you have suffered a catastrophic loss, such as a fire, or have had essential household goods, such as beds or refrigerators, lost or destroyed. To request an emergency advance payment, contact the PCU Claims Help Line, 1-888-897-8217. In order to make an emergency advance payment, a claim must be filed. The representative on the Help Line will provide you instructions for filing for the emergency advance payment and getting the payment from the Defense Finance and Accounting System (DFAS).

5. The Navy remains committed to processing your claim quickly and professionally. Your attention in providing a complete claim will help us meet that goal.


B. L. HARRISON
By direction

CLAIMS PACKET

A GUIDE FOR CLAIMS FOR LOSSES OF OR DAMAGE TO HOUSEHOLD GOODS AND UNACCOMPANIED BAGGAGE SHIPPED OR STORED AT GOVERNMENT EXPENSE

FILING INSTRUCTIONS

TWO DEADLINES YOU CANNOT AFFORD TO MISS

1. **70 DAYS FROM DELIVERY:** You must deliver the DD Form 1340/1840R (Notice of Loss or Damage) to your local Personal Property Office or if mailed, it must be received by the Personal Property Office within 70 days of delivery of your household goods or your claim will be reduced or denied. At the time of delivery, you should have been provided with three copies of the DD Form 1340 (Joint Statement of Loss or Damage at Delivery) on which you noted any obvious damage or missing items and signed the form. On the reverse side of the DD Form 1340 is the DD Form 1840R. The Government will dispatch the form to the responsible commercial carrier. As agreed upon between the commercial carrier industry and the Armed Services, loss of or damage to household goods discovered and reported by the member more than 70 calendar days after delivery will be presumed not to have occurred while the goods were in possession of the carrier. The money the Government could have recovered from the commercial carrier must be deducted from the amount payable on your claim. This is why your failure to provide timely notice can result in a reduction of the amount payable to you or the denial of your claim.

2. **TWO YEARS FROM DATE OF DELIVERY:** Federal law requires that you deliver your claim packet within two years after it accrues. For household goods shipments, the claim accrues on the date of delivery. This requirement is statutory.

ADDITIONAL INFORMATION

1. Taking the time to correctly complete the attached claims package and provide the Government with the evidence it needs to pay you and recover those funds from the responsible carrier will ensure a quick response to your claim.

2. If you need copies of forms referred to in this package, please make them yourself before you file your claim. The claims office does not have a copy machine available for public use.

IT'S YOUR CLAIM

1. GENERAL.

These instructions are designed to answer your questions regarding who can file, where to file and how to file a claim with the government for damage or loss sustained to your household goods (HHG) or unaccompanied baggage (UB) shipped or stored at government expense. Each HHG or UB shipment is a separate carrier action, so you must file a separate claim for each. **Reading these instructions carefully and answering all questions will ensure the most expeditious processing of your claim.** Not completing the forms properly or not providing all required documents and substantiation will result in delay or even denial of your claim. **Keep copies of all documents submitted.**

Remember, it's your claim. You, the claimant, are in the best position to provide the specific information necessary for a successful claim.

2. WHO MAY FILE A CLAIM?

a. Proper Claimant. The Military Personnel and Civilian Employees' Act (PCA) covers all active duty members and reservists on active duty for training under federal law whether commissioned, enrolled, appointed, or enlisted. The PCA also applies to Department of the Navy (DON) Federal employees. Reservists or retired members may only claim for moving damages under the PCA if loss or damage occurred in connection with the their movement or storage of their personal property under orders.

b. Power of Attorney. A legal representative who has been designated as such by a power of attorney (POA) may file a PCA claim on behalf of the claimant. All claims-related forms must be filled out in the proper claimant's name. The agent signs the forms: "John Claimant, by Jane Agent, attorney-in-fact." Payment will be made to the claimant's account, not to his or her agent unless the POA specifically authorizes the agent to both file the claim and receive payment. If an agent is filing a claim on your behalf, the agent must include a copy of his or her power of attorney in the claim package. The designation of an agent to release and/or take delivery of a shipment is not a valid power of attorney for claims purposes. The agent must have either a General Power of Attorney granting the agent the power to do whatever the claimant could do, or a Specific Power of Attorney granting the agent the authority to file and settle the claim. Many Navy Legal Service Offices (NLSOs) provide power of attorney assistance on a walk-in basis. The prospective claimant must be present to grant a power of attorney. Remember, the power of attorney must be effective on the date the claim is submitted.

3. WHAT FORMS WILL I NEED TO FILE?

The two forms for use in filing your PCA claim are the DD Form 1842, *Claim for Loss of or Damage to Personal Property Incident to Service*, and the DD Form 1844, *List of Property and Claims Analysis Chart*. Copies of the forms are attached to this packet. You may also get claims packages from any Personal Property Office (PPO), NLSO or Staff Judge Advocate's Office. If you are assigned to another service's installation, you can get forms from their claims office but use only this Navy claim package for information and guidance on completing your claim. Forms, and this package, can be found on-line through the Navy Knowledge Online website, www.nko.navy.mil (by going into your "Personal Development" page in the in NKO), the Navy's Office of the Judge Advocate General website, www.jag.navy.mil (by selecting "Claims" on the screen), and the NLSO Mid-Atlantic website, www.jag.navy.mil/html/NLSOMidlantnewmain.htm (by selecting "Claims" on the screen). When preparing your claim, please read and follow the "Filling out the DD Form 1842 (HHG)," "Filling out the DD Form 1844 (HHG)" instruction sheets and the attached check-off list. Make sure that you completely fill in the information required on each form and on the check-off list and attach all supporting documentation listed on the check-off list before you file your claim.

4. WHAT ARE MY TIME LIMITS?

a. DD Forms 1842 and 1844. The claim must be filed no later than two years from the date of delivery of your HHG or UB. That means that a claims office must receive your claims package by that date. This is a strict, statutory requirement that cannot be waived.

b. DD Form 1840/1840R. Notice of Loss or Damage (DD Form 1840/1840R) for your HHG or UB shipment must be turned in to the Personal Property Office (PPO) no later than 70 days from the date of delivery. This requirement is completely separate from the two-year statute of limitations deadline. The DD Form 1840/1840R is the two-sided form (usually pink) provided by the movers when they deliver your goods. **IT IS NOT A CLAIM.** On this form, list all missing and damaged items as the movers unload your household goods. The moving agent will sign the front of the form before they leave your residence and take the original with them leaving the copies with you. Any damages discovered after the movers leave your residence must be annotated on the reverse side of the pink form, the DD Form 1840R. In order to complete this part of the form, remove the carbon paper, turn it over and list all additional damages or losses. List all damaged items by inventory number, name and description of the item, and a specific description of the damage. List all missing items by inventory number, name and description of the item, and annotate "missing."

c. If you are working on or with another service's installation, you may be required to turn in your DD Form 1840R to that installation's claims office. The claims office is normally located with the installation's Staff Judge Advocate's office. If you are not provided a copy of the dispatched DD Form 1840R, request one.

d. **DO NOT WAIT TO TURN IN THE DD FORM 1840/1840R!** Turn in the DD Form 1840/1840R to the Personal Property Office by the 70th day. You do not have to have your entire claims package completed to turn in this form. Failure to submit the 1840/1840R within 70 days precludes the government from seeking reimbursement from the carrier who damaged or lost your property. Any amount the government is unable to collect from the carrier due to your failure to turn this form in, providing proper notice, must be deducted from your award. This could result in no payment on your claim.

5. WHERE DO I FILE?

a. With the Navy. Claims should be filed with the appropriate office listed below:

If your HHGs were shipped to:

1. Alabama, Alaska, Arkansas, Connecticut, Delaware, District of Columbia (DC), Florida (Zip Codes 324-325, Panama City and Pensacola), Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

Azores, Bermuda, Canada, Greenland, Iceland

2. Florida (except Pensacola/Panama City area Zip Codes 324-325), Kings Bay area of Georgia, Puerto Rico, Cuba, Caribbean Sea, Islands of the West Indies (Greater and Lesser Antilles, Bahamas, etc.), South America (less Ecuador, Peru, and Chile)

3. South Carolina and Georgia (except Kings Bay, Georgia)

4. Arizona, California, Colorado, Kansas, Nevada, New Mexico, Oklahoma, Utah, Ecuador, Peru, Chile

File your claim with:

1. Personnel Claims Unit Norfolk
Naval Legal Service Office Mid-Atlantic
9620 Maryland Ave.
Norfolk, VA 23511-2989
(888) 897-8217/Fax (866) 782-7297
DSN 564-4581/5274/FAX DSN 564-4628

2. Commanding Officer
Naval Legal Service Office Southeast
Box 107, Bldg. 8, Room 127 Ranger Street
Naval Air Station
Jacksonville, FL 32212-0107
(904) 542-2565/Fax (904) 542-9869

3. Officer in Charge
Naval Legal Service Office Southeast
Branch Office Charleston
1661 Red Bank Road, Suite 109
Goose Creek, SC 29445-6511
(803) 764-7635/FAX (803) 764-7628

4. Commanding Officer
Naval Legal Service Office Southwest
3395 Sturtevant Street, Suite 2
San Diego, CA 92136-5138
(619) 556-7271, ext. 208/FAX (619) 556-7722

5. Hawaii, Antarctica, Arctic, Australia, Guam
Japan, Indian Ocean east of 60°E longitude,
Pacific Ocean
 6. Africa, Europe (see below for Rota,
Sigonella, and London), Ireland, United
Kingdom, Indian Ocean west of 60°E longitude,
Mediterranean Sea, Eurasia (see below for
Bahrain)
 7. Rota, Spain
 8. Sigonella, Italy
 9. London, England
 10. Bahrain
 11. Greece
5. Personnel Claims Unit
Naval Legal Service Office Pacific
Detachment Pearl Harbor
850 Willamette Street
Pearl Harbor, HI 96860-5109
(808) 473-5982, ext. 316/314
DSN 473-5982, ext. 316/314
FAX (808) 473-0630/DSN FAX 473-0630
 6. Commanding Officer
Naval Legal Service Office EURSWA
PSC 817 Box 8
FPO AE 09622-0008
(39) 081-568-4576/FAX (39) 081-568-4577
 7. Naval Legal Service Office EURSWA
Detachment Rota
PSC 819 Box 46
FPO AE 09645-0046
(34) 956-82-2531/FAX (34) 856-82-1707
 8. Naval Legal Service Office EURSWA
Detachment Sigonella
PSC 812 Box 3320
FPO AE 09627-3320
(39) 095-86-5258/FAX (39) 085-86-5259
 9. Naval Legal Service Office EURSWA
Branch Office London
PSC 451 Box 420
FPO AE 09834-2800
(44) 207-514-4499
 10. Naval Legal Service Office EURSWA
Branch Office Bahrain
PSC 802 Box 126
FPO AE 09499
00973-72-4172/FAX 00973-72-4173
 11. Staff Judge Advocate
NAVSUPACT Souda Bay
PSC 814, Box 1
FPO AE 09865-0102
30-8210-21316

Be sure that your claim is completed, as described in this package, and signed before filing your claim. If you are e-mailing the claim, remember to sign the DD Form 1842 before scanning your documents. Please make sure that if you are e-mailing your claim that all scanned documents are legible and in one of the following formats: ADOBE PDF, JPG File, TIFF Document, GIF File, or Bitmap Image. Claims examiners will then

adjudicate your completed claim. They determine the amount of compensation you are entitled to receive based on the information you provide. You will be provided a written response explaining the adjudication of your claim.

b. Insurance Company. You **DO NOT HAVE TO FILE** with your private insurance company **IF** your claim is for loss/ damage to your personal property while it **was being shipped or stored at government expense**. However, you may want to consider the following issues when deciding whether or not to file with your private insurance company:

(1) Your private insurance company will most likely pay you the full replacement value (i.e. new-for-old) for lost or missing items rather than the fair market value (depreciated replacement cost) the government is authorized to pay.

(2) The Government has limits on both the total amount it can pay and on how much it can pay for certain types of property.

(3) Some insurance companies will consider the number of claims you have filed in a certain time period when deciding whether to renew a policy or to issue you a new policy.

(4) Your private insurance may pay you for items for which the government cannot pay. For example, if you forgot to take the ink pen out of your pants pocket and it caused the clothing in a box to be stained by ink, the government could not pay for the loss. If you have any questions about whether or not to file with your insurance company, you need to discuss your concerns with the company. Claims personnel are not authorized to counsel you regarding private insurance coverage.

c. Directly with Carrier. If you have purchased full-replacement protection for your move through the PPO from the carrier, you must first attempt to settle your claim with the carrier. You must file that claim within 9 months of the date of delivery in order to retain the full replacement coverage. The carrier will make the determination on whether to repair or replace the item. If you are unable to settle with the carrier within thirty days of filing with the carrier, or if you are close to the government's two-year limit on filing a claim, you can file your claim with the government as well. **Do not miss the two-year statute of limitations for filing your claim with the Government!**

6. HOW DO I GET PAID?

If an award is authorized, a pay voucher will be sent to the Defense Finance and Accounting Service (DFAS). DFAS will electronically deposit the amount awarded directly into your pay account. If you do not have a DFAS pay account (i.e., you are no longer in the military or work for any Department of Defense agency), you will need to fill out the attached Electronic Funds Transfer (EFT) Data sheet. If you are a nonappropriated fund (NAF) employee, your claim will be submitted to your activity for payment from NAF funds.

7. DAMAGE INSPECTION

Carrier Inspections. The carrier has the right to conduct an inspection of the damaged items you reported on your DD Form 1840/1840R or on your claim forms. The carrier must exercise this right of inspection within 45 calendar days of delivery or 45 days from the date of dispatch of the DD Form 1840R, whichever is later. You are required to cooperate with the carrier in making appropriate, reasonable arrangements for this inspection. Failure to cooperate may preclude the government from seeking reimbursement from the carrier for the damaged items. Any amount the government is unable to collect from the carrier due to your failure to cooperate with the carrier must be deducted from your award. If you are having problems with the carrier, you can contact the local PPO or the appropriate claims office listed above.

8. DISCARDING ITEMS AND SALVAGE

Do not discard any items before settlement of the claim and the expiration of the carrier's inspection period, at least 90 days from the date of settlement of your claim. The carrier will have the right to take possession of any damaged item for which you have been paid the fair market value instead of repairs. Normally, the carrier will take possession of those items at your residence or other location acceptable to you and the carrier. You must retain those items for a minimum of 90 calendar days after your receipt of notice of settlement of your claim. If you have not heard from the carrier or the claims examiner during those 90 days, you can dispose of the items. Items that would be hazardous to your health and safety, such as broken glassware or mirrors and spoiled foodstuffs, may be discarded earlier. You must, however, retain any antiques, figurines, or crystal with a single item value of \$50 or more.

9. ADDITIONAL INFORMATION

Your claim will be processed quickly if it is completed in accordance with these instructions. We suggest that you prepare your claim as soon as possible after delivery, while the information is fresh in your mind. A checklist is provided in this package to assist you in completing your claim. Compliance with this checklist will help to expedite your claim, and noncompliance will delay processing.

CLAIMS PACKAGE CHECKLIST

Your claim must contain the following information and documentation. Include one copy of each document, unless stated otherwise below. Keep a copy of each document for your own records. Initial each line to signify the document exists in this file. THE CLAIMS OFFICE MUST RECEIVE YOUR CLAIM WITHIN TWO YEARS FROM THE DATE OF DELIVERY OF YOUR HOUSEHOLD GOODS.
THE DD FORM 1840 YOU SUBMITTED IS NOT YOUR CLAIM, BUT IS FOR NOTIFICATION OF LOSS TO THE CARRIER ONLY.

- _____ 1. This checklist.
- _____ 2. DD Form 1842.
- _____ 3. I have completed every section of the 1842, including block 9 (amount claimed) and block 10.
- _____ 4. If I have private insurance (including homeowner's or renter's insurance for loss of or damage to my personal property, I understand I must submit a demand against the insurer for payment at the same time I submit my claim against the government, and I understand that I will not be paid by the government until my claim is adjudicated by my private insurer. For claims for damage to POV's, the Declarations Page of your policy showing types and limits on coverage will suffice. I have included a copy of any correspondence, especially the document showing the breakdown of payments for items claimed, from my insurance company.
- _____ 5. Power of Attorney, if I have authorized someone else to file my claim, or receive payment.
- _____ 6. DD Form 1844.
- _____ 7. Replacement costs for each item:

Items with a replacement cost of \$100 or more must be verified by clippings from catalogs, newspaper advertisements, etc. which show pictures and prices of identical or comparable items or written estimates on company letterhead from a firm which sells identical or comparable items.

For each missing item not specifically described on the inventory (i.e., make, model, size), with a value in excess of \$100, you will be required to provide proof that the item claimed was of the same quality as the replacement item submitted. You should submit purchase receipts, copies of canceled checks, credit card bills, or a picture of the damaged or missing item along with two examples (catalog, newspaper add, etc) of present retail value. If you cannot provide any of the examples of methods of proof listed above, you need to discuss alternative methods with the claims office.

- _____ 8. Repair costs for each item (other than electronic items):

Over \$100 need an estimate from a firm that is in the business of repairing such items. (e.g., washer and dryer from an appliance repair firm). If the item is damaged beyond economical repair, the estimate must state this and you must submit evidence to prove the replacement price of the item as described above.

The estimate should clearly state the specific location and damages that are being repaired. An estimate that simply shows "repair" or "refinish" is not satisfactory.

The Claims Officer may require additional estimates of repair or proof of replacement costs for any item listed on the DD Form 1844 while in the process of adjudicating your claim, especially for those items with a repair or replacement cost exceeding \$100, or if the repair or replacement cost submitted is excessive for average repairs or replacement of like items in the area.

____ 9. For each electronic item with internal damage such as TV's, stereos, computers, refrigerators, etc., I have submitted one of the attached electrical/electronics repair forms completed by a person in the business of repairing such items. (Extra forms can be obtained at PPO.)

____ 10. For Each electronic item, a statement regarding last use has been provided, in accordance with Step 2 of the instructions concerning electronic repair.

____ 11. I have individually listed all missing CDs, cassettes and videotapes.

____ 12. Re-Upholstery: The estimate (two estimates if over \$100.00) must state that: (1) The materials used are of comparable value to the original material; (2) that patching, reweaving, using material from a different portion of the item or any less expensive method of repair is not possible; (3) list cost of labor and materials separately.

____ 13. Number each estimate or replacement cost with the same line number as the damaged item from DD Form 1844.

____ 14. If you have pictures of visible damage to the items, please include them. However, you will not be reimbursed for the cost of the photos.

____ 15. The carbon copy (pink sheet) of the DD Form 1840R you turned into the PPO within 70 days of delivery, signed and dated by a representative of the PPO.

____ 16. All inventory sheets received from the carrier.

____ 17. Government Bill of Lading (GBL).

____ 18. PCS Orders and Amendments.

____ 19. Claims Deposit Form for direct deposit of your payment.

I understand that if any information is missing, my claim will be placed on hold until I update my file. I will not dispose of any damaged or destroyed items, except glass (other than figurines, antiques or crystal with a value in excess of \$50.00) or items that are a safety or health hazard, until I call the claims office and confirm the items need not be held for salvage by the carrier.

Claimant

Date

Sample

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See reverse side for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial) JONES, JOHN	2. BRANCH OF SERVICE USN	3. RANK OR GRADE LT-O3	4. SOCIAL SECURITY NUMBER 123-45-6789
5. HOME ADDRESS (Street, City, State and Zip Code) 123 ALPHA ST BRUNSWICK ME 04011		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) USS INTREPID FPO AE 12345-1210	
7. HOME TELEPHONE NO. (Include area code) (207) 555-5555	8. DUTY TELEPHONE NO. (Include area code) (207) 551-5555	9. AMOUNT CLAIMED \$1,300.00	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.) HOUSEHOLD GOODS MOVE: ADDRESS OF PICKUP AT ORIGIN: _____ DATE OF PICKUP: _____ ADDRESS OF DESTINATION DELIVERY: _____ DATE OF DELIVERY: _____ CARRIER'S NAME: _____ DELIVERING AGENT (IF DIFFERENT THAN CARRIER): _____ GOVERNMENT BILL OF LADING NO.: _____			

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.		
17. SIGNATURE OF CLAIMANT (or designated agent)	18. DATE SIGNED (MMDDYY)	

PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:		
a. SMALL CLAIMS	\$		
b. REGULAR CLAIMS			
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)			
a. CLAIMS EXAMINER	b. DATE SIGNED (MMDDYY)	c. REVIEWING AUTHORITY	d. DATE SIGNED (MMDDYY)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY		g. DATE SIGNED (MMDDYY)

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See reverse side for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial)	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)	
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)			

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:
 If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.
 I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming. I authorize my insurance company to release information concerning my insurance coverage.
 I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT (or designated agent)	18. DATE SIGNED (MMDDYY)
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PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated		
a. SMALL CLAIMS	\$		
b. REGULAR CLAIMS			
21. SIGNATURES (Signatures of a and c not required if small claims procedure is utilized)			
a. CLAIMS EXAMINER	b. DATE SIGNED (MMDDYY)	c. REVIEWING AUTHORITY	d. DATE SIGNED (MMDDYY)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY		g. DATE SIGNED (MMDDYY)

1. NAME OF CLAIMANT (Last, First, Middle Initial)

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART

ITEMS 14 THROUGH 31 TO BE FILLED OUT BY CLAIMS OFFICE

[illegible]

STATEMENT REGARDING INSURANCE COVERAGE

When filing a claim against the United States under the provisions of the Military Personnel & Civilian Employees Claims Act of 1964 (Personnel Claims Act”), 31 U.S.C. Section 3721 (2000), the claimant may file a claim with his/her own insurance company if he/she has ANY TYPE of insurance which may cover all or part of the claimed loss or damage and attach a copy of all correspondence with the claim forms upon submission. All claimants **MUST** complete this form.

Insurance coverage includes automobile theft or comprehensive coverage, homeowners insurance, household goods insurance, personal effects coverage, or any other type of insurance that may cover all or part of your loss or damage.

IF YOU HAVE INSURANCE:

I have read and understand the above requirement. I have indicated on my claim against the United States (DD Form 1842) that I do have private insurance. My policy name and number are as follows:

Policy name: _____ Policy number: _____

Signature: _____ Date: _____

IF YOU DO NOT HAVE INSURANCE COVERAGE:

I have read and understand the above requirement. I have indicated on my claim against the United States (DD Form 1842) that I do not have private insurance. With knowledge of the penalties of Title 18 U.S.C. Section 287, for willfully making a false, fictitious, or fraudulent claim, I hereby certify that I do not have any private insurance covering any or all of the loss or damage against the United States.

Claimant Signature _____ Date: _____

ELECTRICAL/ELECTRONIC REPAIR FORM

(TO BE COMPLETED BY A REPUTABLE FIRM)

Statement of Claimant:

I hereby certify that other than the exceptions noted on the inventory list, the item listed below had no damages and was fully operational on the pickup date of my household goods.

Claimant's signature _____

Date _____

The Claims Office must determine whether damage to an item was caused by the item being dropped or mishandled in shipment, or whether the damage was due to ordinary wear and tear, or a manufacturer's defect. Please complete this form to the best of your ability.

Firm Name And Address: _____

Claimant's Name _____

Firm Telephone Number: _____

Name and title of person completing this form: _____

ITEM EXAMINED: _____
(Make) (Model) (Age)

There (circle one) was/was not external damage to the item. Description and location of new external damage is:

Description and Location of old external damage is:

2. I (circle one) was/was not able to determine the cause of any new external damage. To the best of my belief, the damage was caused by:

3. There (circle one) was/was not internal damage to this item. Detailed description of internal damage is:

I (circle one) was/was not able to determine the cause of the internal damage. To the best of my knowledge and belief, the damage was caused by:

(CONTINUED ON BACK SIDE)

Was the internal damage caused by shipment: (Circle one)

a. Definitely b. Probably c. No d. Unable to determine

I estimate the total cost of repairing the internal damage to be:

(Parts) _____ \$ _____

(Parts) _____ \$ _____

(Parts) _____ \$ _____

Subtotal for replacement parts: _____ \$ _____

Cleaning or other service charges: _____ \$ _____

Tax: _____ \$ _____

Labor: _____ \$ _____

Total _____ \$ _____

Please list any charges not actually necessary to repair this item so that it properly functions (for example, list charges for cleaning adjustment or other services which would not be required except as periodic maintenance.)

Servicing charges not necessary: _____ \$ _____

Exact nature of repairs: _____

Total cost of external repairs: _____ \$ _____

Tax: _____ \$ _____

Labor _____ \$ _____

Total: _____ \$ _____

Cost of estimate is \$_____. If your repair firm is afforded the repair of this item, will you deduct your estimate fee from the total bill?

(circle one) a. Yes b. No c. Estimate fee not charged

Print name: _____ Date _____

Signature: _____

Thank you for taking the time to complete this form

REUPHOLSTERING QUESTIONNAIRE

Firm's Name	
Firm's Address	
City, ST, Zip	
Firm's Telephone Number	
Examiner's Name	
Item Examined	

1. Describe the damage in detail, including location.
2. Is reupholstering actually necessary?
3. Can material be moved from one portion of the item to make a satisfactory repair?
4. Can some sort of patch be applied to make suitable repair?
5. Can the damage be reweaved?
6. Can the material on the item be matched?
7. What is the value of the covering that is on the upholstered item at present?
8. Is comparable material being used?
9. Are the materials and labor listed separately?

CLAIMS DEPOSIT FORM

Privacy Act Statement

Authority: USC 5701, 37 USC 404-427, EO 9397, 31 3322, 31 CFR
Principal 209 and/or 210. Used for disbursing settlements of
Purpose (s): claims for losses incident to service. Social
Security Numbers are used to assure correct
identification of claimants in order to assure
payment to the proper claimant and avoid duplication
of claims. The information is confidential and is
needed to prove entitlement to payments. The
information will be used to process payment data from
the Federal agency to the financial institution
and/or its agent.

Routine Use (s): To administer payments on claims for losses incident
Disclosure: to service.

Voluntary: however, failure to furnish information
requested may result in total or partial denial of
amount claimed and may delay or prevent the receipt
of payments through the EFT/DDS programs.

YOUR NAME:

YOUR SSN:

YOUR ACTIVITY:

YOUR PAY GRADE: (I.E. E5, O3, GS9)

YOUR HOME STREET ADDRESS, CITY, STATE, AND ZIP CODE:

For EFT/DDS payments, please provide the following information:

FINANCIAL INSTITUTION:

ACCOUNT TYPE (CHECKING OR SAVINGS):

ACCOUNT NUMBER:

Financial Institution's Routing Transit Number (RTN) available on the
bottom of your checks or from your financial institution:

Signature: _____

Date: _____